

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **107534325**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
5		1				
6		1				
7		2				
8		2				
9		2				
10		2				
11		4				
12		4				
13		4				
14		4				
15		4				
16		4				
17		4				
18	/					
19	/					
20	/					
21	/					
22	/					
23	/					
24		1				
25		4				
26		1				
27	/					
28		1				
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48						
49						
50						
TOTAL IND.	14	↓		↓		↓
TOTAL DEP.	48	←		←		←
TOTAL CLAIMS	62					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						